MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/890,549   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/		/				51							
2		/		/			52							
3		/					53							
4		/		/			54							
5		/		/			55							
6		/		/			56							
7		/					57							
8							58							
9							59							
10	/		/				60							
11							61							
12		/		/			62							
13		/		/			63							
14				/			64							
15				/			65							
16		/					66							
17		/					67							
18		/					68							
19	/	/					69							
20		/					70							
21		/					71							
22							72							
23				/			73							
24				/			74							
25				/			75							
26				/			76							
27				/			77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3		2				TOTAL IND.							
TOTAL DEP.	20		17				TOTAL DEP.							
TOTAL CLAIMS	23		19				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS